

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # **547856**

(5)

1. Corporation Name

NINA'S HAIR FASHIONS, INC.



Principal Place of Business

**3415 E SILVER SPRINGS BLVD.
OCALA FL**

Mailing Address

**3415 E SILVER SPRINGS BLVD.
OCALA FL 34475-5643**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

09/28/1977

3a. Date of Last Report

04/30/1996

4. FEI Number

59-1768105

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**LEAK, NINA LOUISE
3415 E SILVER SPRINGS BLVD
OCALA, FL
32670**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **ELWYN, LEAK J**
STREET ADDRESS **3415 E. SILVER SPRINGS BLVD**
CITY-ST-ZIP **OCALA FL**

TITLE **PD** ☐ DELETE

NAME **LEAK, NINA L**
STREET ADDRESS **3415 SILVER SPRINGS BLVD**
CITY-ST-ZIP **OCALA, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1A TITLE ☐ Change ☐ Addition

1B NAME

1C STREET ADDRESS

1D CITY-ST-ZIP

2A TITLE ☐ Change ☐ Addition

2B NAME

2C STREET ADDRESS

2D CITY-ST-ZIP

3A TITLE ☐ Change ☐ Addition

3B NAME

3C STREET ADDRESS

3D CITY-ST-ZIP

4A TITLE ☐ Change ☐ Addition

4B NAME

4C STREET ADDRESS

4D CITY-ST-ZIP

5A TITLE ☐ Change ☐ Addition

5B NAME

5C STREET ADDRESS

5D CITY-ST-ZIP

6A TITLE ☐ Change ☐ Addition

6B NAME

6C STREET ADDRESS

6D CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)